NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA. See LR 79.3

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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

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RELATOR'S ORIGINAL COMPLAINT (UNDER SEAL)

Respectfully submitted,

WITT, McGREGOR & BOURLAND, P.L.L.C.

By: <u>/s/ Matthew C. Witt</u>
MATTHEW C. WITT
State Bar No. 21831780

8004 Woodway Drive, Suite 400 Waco, Texas 76712 (254) 751-9133 (254) 751-9134 fax mattwitt@wmbwaco.com

ATTORNEYS FOR RELATOR

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA. See LR 79.3

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

PARTY UNDER SEAL,	§	
Relator,	§ §	•
	§ Case No.	
VS.	<u> </u>	
	§	
PARTIES UNDER SEAL,	§	
	§	
Defendants	Š	

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ATTORNEYS FOR PLAINTIFF
THE STATE OF TEXAS
ex rel. CLINT ANDERSON



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UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

PARTY UNDER SEAL,	§
Relator,	§ §
VS	§ Case No
PARTIES UNDER SEAL,	§ §
Defendants	§ §

RELATOR'S ORIGINAL COMPLAINT (UNDER SEAL)

TO THE HONORABLE JUDGE OF SAID COURT:

Relator, Clint Anderson, files this Original Petition under seal, bringing this action based on his direct, independent, and personal knowledge and also on information and belief. Relator brings this action against Defendants for violations of Section 3729, Title 31 of the United States Code, for the United States Government (the "Government") and for himself, pursuant to the authority granted by Section 3730(b), Title 31 of the United States Code, and would show unto the Honorable Court as follows:

I.

DISCOVERY CONTROL PLAN

1. This case is filed *in camera* and under seal pursuant to Section 3730(b)(2), Title 31 of the United States Code and Local Rule 79.3. Upon unsealing, discovery is intended to be conducted under Section 3731-3733, Title 31 of the United States Code.

II.

PARTIES AND SERVICE

Relator's Original Complaint (Under Seal) - Page 2

- 2.1. The Plaintiff, **Clint Anderson** ("Relator") is an individual residing in Killeen, Bell County, Texas. From May 2012 to August 2012, Relator was employed as a therapist at Ellis County Community Services, Inc., in Ellis County, Texas.
 - 2.2. The last three digits of Plaintiff's social security number are 395.
- 2.3. Relator is an original source of the information underlying this Petition and the Disclosure Statement served with Relator's Original Petition. Relator has also previously provided this information to the United States Government prior to filing this Petition. Relator has independent knowledge of the information on which the allegations are based. Relator brings this action on behalf of the United States Government and himself against Defendants for treble damages and civil penalties arising from the Defendants' misrepresentations and failure to disclose material evidence, false statements, and false claims in violation of the False Claims Act, Section 3729, Title 31of the United States Code.
- 2.4. Defendant Alexis Norman is an individual whose principal place of business is located at 307 North Grand Avenue, Waxahachie, Texas, 75165. Service of said Defendant as described above may be effected by personal delivery at the above address or wherever she may be found.
- 2.5. Defendant Greater Southwest Group Corp. is a corporation with its principal office located at 625 Jealouse Way, Suite 116, Cedar Hill, Texas 75104-2578. Said Defendant may be served with process by serving its registered agent, Carlette Roberts, 625 Jealouse Way, Cedar Hill, Texas 75104. Service of said Defendant as described above may be effected by personal delivery.
- 2.6. Defendant Ellis County Community Services, Inc. is a corporation with its principal office located at 307 North Grand Avenue, Waxahachie, Texas 75165. Said Defendant may be Relator's Original Complaint (Under Seal) Page 3

served with process by serving its registered agent, Alexis Norman, 307 North Grand Avenue, Waxahachie, Texas 75165. Service of said Defendant as described above may be effected by personal delivery.

III.

JURISDICTION

3.1. The Court has jurisdiction because it is a judicial district in which the defendants can be found, reside, transact business, and which the acts at issue occurred, pursuant to Section 3732(a), Title 31 of the United States Code.

IV.

FILING UNDER SEAL

- 4.1. In accordance with Section 3730(b)(2), Title 31 of the United States Code and Local Rule 79.3, this Original Complaint is filed *in camera* and under seal and will not be served on the Defendants until the Court so orders.
- 4.2. In accordance with Section 3730(b)(2), Title 31 of United States Code, a copy of this Original Complaint and written disclosure has been served on the Government pursuant to Rule 4(d)(4) of the Federal Rules of Civil Procedure.

V.

FACTUAL BACKGROUND

5.1. On or about July 28, 2012, Relator had a conversation with an employee of Defendant Ellis County Community Services, Inc. ("Ellis") or Defendant Greater Southwest Group Corporation ("Greater Southwest"), Rosalba Fernandez. Ms. Fernandez mentioned that as part of her duties, she entered billing information into Ellis' software system. When Relator asked

Ms. Fernandez what type of billing she was doing, Ms. Fernandez told Relator she was doing Medicaid billing.

- 5.2. Relator recalled a conversation between himself and Defendant Alexis Norman, owner of Ellis ("Norman"), wherein Norman informed Relator that Ellis is a grant-funded Medicaid provider, but it does not perform Medicaid billing.
- 5.3. When Relator further inquired into Ms. Fernandez's billing work, Ms. Fernandez stated that she billed Medicaid often, at the direction of Norman. Ms. Fernandez told Relator that Norman gave Ms. Fernandez two large notebooks filled with client names and billing information that she entered into their software system to bill Medicaid.
- 5.4. Ms. Fernandez told Relator that she did not know what services she was billing Medicaid for, because Norman gave her a form that had the codes she needed to enter. Ms. Fernandez further told Relator that she was the individual that entered all of the client information into the company's software system, and she got all of the client information out of the two large notebooks Ms. Fernandez received from Norman.
- 5.5. Ms. Fernandez agreed to provide Relator with a copy of the billing information she told him about. Ms. Fernandez provided Relator with a copy of instructions on completing the billing forms, and a copy of a Health Insurance Claim Form ("HICF") for a client, attached hereto as Exhibits "1" and "2," respectively.
- 5.6. On examining the forms, Relator saw that the HICF for the client on Exhibit 2 showed Medicaid was billed for 2 hours a day for 5 consecutive days for services provided at Ellis' Grand Avenue location ("Grand Avenue"). However, the client's address was in a city approximately 6.5 hours from the Grand Avenue location. Relator asked Ms. Criner, the program

manager at Grand Avenue, if she knew the client. Ms. Criner told Relator she had never met or seen the client's name listed on billing.

- 5.7. When Relator further investigated Exhibit 2, he discovered that his NPI (National Provider Identifier) number had been used on this client's HICF to bill Medicaid. However, Relator was not working at Grand Avenue on the dates listed on the HICF. Therefore, he contacted the only provider working at Grand Avenue on the dates listed on the HICF, Mr. Van Zandt, to determine if the client was Mr. Van Zandt's patient. Mr. Van Zandt stated that he did not know the client listed on the HICF, and he was on vacation during the dates listed on the HICF.
- 5.8. On July 30, 2012, Relator asked Ms. Criner for the attendance log for Grand Avenue for the dates listed on the HICF in Exhibit 2, which Ms. Criner provided for him. The client on the HICF was not listed on the Grand Avenue attendance log. Ms. Criner again told Relator she did not know the client whose name appeared on the HICF.
- 5.9. On or about August 3, 2012, Ms. Fernandez provided Relator with a folder containing HICF sheets for approximately 17 other clients for services allegedly provided by Ellis at the Grand Avenue location. These items are attached hereto as Exhibits 3-19. On several of the HICF sheets, Relator's NPI number was used for services that were allegedly provided prior to Relator's beginning his employment with Ellis. (Exhibits 5, 7, 8, 10, 12, 13, 17, 18, 19). Some of the HICF sheets also contain NPI numbers for other individual providers that Relator does not recognize as employees of Ellis or Greater Southwest. (Exhibits 3, 6, 9, 11). All of the clients on the HICF sheets have identical diagnostic codes and the same provider location, which is the Grand Avenue address. None of the clients are known to Relator.
- 5.10. Therefore, Relator believes Defendants have billed Medicaid for services they have not provided, and have billed Medicaid for services rendered to patients they have not treated.

 Relator's Original Complaint (Under Seal) Page 6

Further, Relator believes Defendants have used his NPI number and the NPI number of other individual practitioners to bill Medicaid for services to patients that none of these practitioners have treated at the Grand Avenue location.

VI.

DEFENDANTS' UNLAWFUL ACTS UNDER THE FALSE CLAIMS ACT

- 6.1. Relator alleges and incorporates the above paragraphs as if fully set forth herein.
- 6.2. In connection with services rendered to patients covered by the Medicaid program,
 Defendants have conspired to and have in fact, knowingly or intentionally, caused the Medicaid
 program to overcharged, through the following acts:
 - a. Pursuant to Section 3729(a)(1)(A), Title 31 of the United States Code, Defendants knowingly presented, or caused to be presented, a false or fraudulent claim for payment or approval;
 - b. Pursuant to Section 3729(a)(1)(B), Title 31 of the United States Code, Defendants knowingly made, used, or caused to be made or used, a false record or statement material to a false or fraudulent claim; and
 - c. Pursuant to Section 3729(a)(1)(C), Title 31 of the United States Code, Defendants conspired to commit a violation of subparagraph (A) and (B).
- 6.3. Each of such acts and omissions by Defendants, singularly or in combination with others, constitute a False Claim.

VII.

CAUSATION

- 7.1. The United States Government made excessive Medicaid payments based upon these misrepresentations and failure to disclose material facts and was therefore damaged.
- 7.2. The Defendants have profited and the United States Government has paid excessive Medicaid reimbursements and has suffered monetary damages by the unlawful acts of Defendants.

- 7.3. The United States Government, unaware of Defendants' wrongdoing and unlawful acts, paid excessive Medicaid reimbursements that otherwise would not have been allowed.
- 7.4. Defendants' acts and omissions constitute unlawful conduct, violations of the False Claims Act, and were a legal cause, proximate cause, and/or cause-in-fact of the Government's damages.

VIII.

DAMAGES

- 8.1. Relator alleges and reincorporates by reference as set forth herein the allegations contained in the above paragraphs.
- 8.2. Pursuant to the False Claims Act, Defendants are liable for a civil penalty of not less than \$5,000 and not more than \$10,000.
- 8.3 Pursuant to the False Claims Act, Defendants are liable for damages to the United States Government in the amount of three (3) times the amount of damages which the Government sustains because of these acts.
- 8.3. This action is a claim for damages as required by Section 3729, Title 31 of the United States Code.

IX.

DEMAND FOR JURY TRIAL

9.1. Relator, on behalf of himself and the United States Government, demands a jury trial on all claims alleged herein pursuant to Rule 38 of the Federal Rules of Civil Procedure.

X.

PRAYER FOR RELIEF

WHEREFORE, Relator respectfully requests as follows:

Relator's Original Complaint (Under Seal) - Page 8

- 1. That Defendants be cited to appear and answer this lawsuit;
- 2. That the United States Government, upon trial of this cause, be awarded the following damages:
 - a. monetary relief in the amount of any payment provided under the Medicaid program as a result of Defendants' unlawful acts;
 - b. interest on the amount of the payment at the prejudgment interest rate in effect on the date the payment was paid, for the period from the date the benefit was paid to the date that the Government recovers the amount of the payment;
 - c. a civil penalty of not less than \$5,000.00 and not more than \$10,000.00;
 - d. three (3) times the amount of the payments made by the United States Government under the Medicaid program as a result of Defendants' unlawful acts; and
 - e. post-judgment interest and reasonable attorneys' fees, costs, and expenses that the Government reasonably incurred in obtaining civil remedies or in conducting investigations in connection with this litigation; and
 - 3. That Relator, upon trial of this cause, be awarded the following damages:
 - a. the maximum percentage of the amounts recovered by the United States Government as a result of this action in accordance with Section 3730(d), Title 31 of the United States Code; and
 - b. reasonable expenses, reasonable attorneys' fees, and costs that Relator necessarily incurred in bringing this action and advancing this case to litigation.
- 4. Plaintiffs further pray for such other and further relief as to which they are justly entitled.

Respectfully submitted,

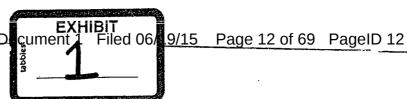
WITT, McGREGOR & BOURLAND, P.L.L.C.

By: <u>/s/ Matthew C. Witt</u>
MATTHEW C. WITT

State Bar No. 21831780

8004 Woodway Drive, Suite 400 Waco, Texas 76712 (254) 751-9133 (254) 751-9134 fax mattwitt@wmbwaco.com

ATTORNEYS FOR PLAINTIFF
UNITED STATES GOVERNMENT
ex rel. CLINT ANDERSON



CLAIMS FILING INFORMATION

Website:www.tmhp.com

Claim type form 1500

Medicaid number is also the client number

COMPANY INFORMATION

1. GREATER SOUTHWEST GROUP

307 NORTH GRAND AVENUE WAXAHACHIE, TEXAS 75165 972-291-2929 EIN#-010866255 NPI#1619203361

DIAGNOSIS CODE-309.28 PROCEDURE CODE-90806 LOGIN-Intern75104 Password-greater3071 South3071

2. ELLIS COUNTY COMMUNITY SERVICES

625 JEALOUSE WAY SUITE 116 CEDAR HILL, TEXAS 75104 972-768-2908 EIN#-272493382 NPI#1376864363

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HEALTH INSURANCE CLAIM FORM

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Page-14-of-69 -- PageID-14 -- CLAIMS
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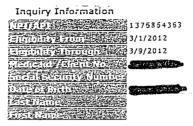


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Eligibility Segments

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Medicare Segments No Medicare Segments found

Lock-In Segments No Lock-In Segments found

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Managed Care Segments

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HEALTH INSURANCE CLAIM FORM

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNFORM CLAIM COMMITTEE 6235

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HEALTH INSURANCE CLAIM FORM

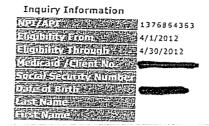
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Case 3:15-cv-02085-L Document 1 Filed 06/19/15 Page 20 of 69 PageID 20 A STATE MEDICALD CONTRACTOR

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Eligibility Segments

EFF: 5/1/2010 13 SSI, RECIPIENT REGULAR TRM: 6/30/2012 100 - TRADITIONAL MEDICAID ADD: 4/9/2010

Medicare Segments No Medicare Segments found

Lock-In Segments No Lock-In Segments found

TPR Segments No TPR Segments found

TPL Segments No TPL Segments found

Managed Care Segments

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Limits Segments

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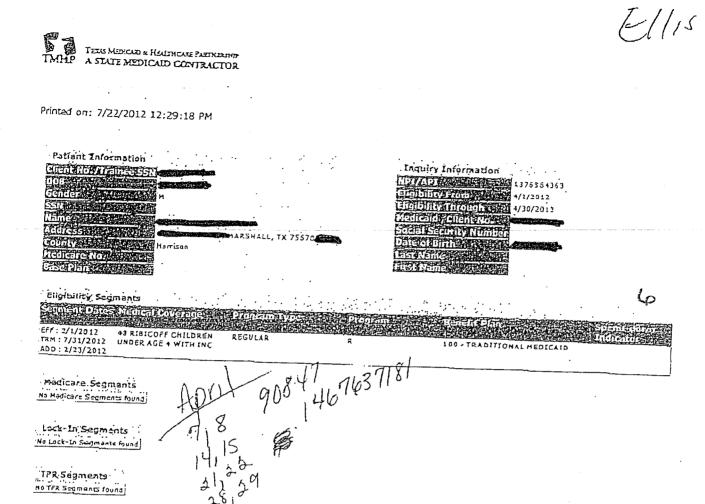
1500 Case 3:15-cv-02085-L Document 1 Filed 06/19/15 HEALTH INSURANCE CLAIM FORM

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Instruction Manual available at: www.nucc.org		1376864363 216914601

Case 3:15-cv-02085-L Document 1 Filed 06/19/15 Page 23 of 69 PageID 23



:EFF: 4/1/2012 TRM: 7/31/2012 ADD: 2/23/2012

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Managed Care Segments

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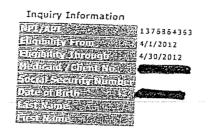
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Eligibility Segments

ADD: 2/23/2012

EFF: 2/1/2012

43 RIBICOFF CHILDREN TRM: 7/31/2012 UNDER AGE 4 WITH INC

REGULAR 908 47 7637181

100 - TRADITIONAL MEDICALD

Medicare Segments No Medicare Segments found

Lock-In Segments No Lock-In Segments found

TPR Segments No TPR Segments found

TPL Segments No TPL Segments found:

Managed Care Segments

EFF: 4/1/2012 DELTA DENTAL TRM: 7/31/2012

ADD: 2/23/2012

Limits Segments

4/13/2011 # 1000200302012209568

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Case 3:15-cv-02085-L

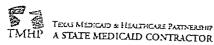
HEALTH INSURANCE CLAIM FORM

EXHIBIT
Document 1 Filed 06 19/15

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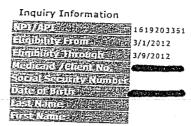
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HEALTH INSURANCE CLAIM FORM	rappi	РО ВОХ
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Case 3:15-cv-02085-L Document 1 Filed 06/19/15 Page 26 of 69 PageID 26



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Eligibility Segments

EFF: 7/1/2010 13 SSI, RECIPIENT REGULAR R 100 - TRADITIONAL MEDICAID ADD: 5/20/2010

Medicare Segments
No Medicare Segments found

Lock-In Segments
No Lock-In Segments found

TPR Segments

TPL Segments
No TPL Segments found

Managed Care Segments

EFF: 3/1/2012 MCNA
TRM: 3/31/2012
ADD: 2/10/2012 MCNA
TRM: 3/31/2012
EFF: 3/1/2012 MCNA
TRM: 3/31/2012
ADD: 2/10/2012

Limits Segments

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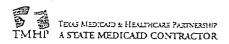
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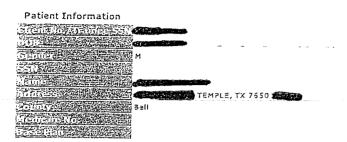
Case 3:15-cv-02085-L

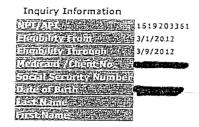
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CLAIMS
PO BOX
AUSTIN TX 78720-0735

1500 Case 3.13-cv-02003-1		CLAIMS
HEALTH INSURANCE CLAIM FORM		PO BOX
APPROVED BY NATIONAL UN FORM CLAIM COMMITTEE (8.05		AUSTIN TX 78720-0735
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Eligibility Segments

EFF: 12/1/2011
TRM: 3/31/2012
ADD: 1/4/2012

TRM: 1/4/2012

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Medicare Segments
No Medicare Segments found

Lock-In Segments
No Lock-In Segments found

TPR Segments

TPL Segments
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Managed Care Segments

EFF: 3/1/2012 MCNA
TRM: 3/31/2012
ADD: 2/10/2012
EFF: 3/1/2012 MCNA
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ADD: 2/10/2012

Limits Segments

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1871421040

HEALTH INSURANCE CLAIM FORM

APPRIONED BY NATIONAL UNFORM CUAN CONNETTEE CEDS

Case 3:15-cv-02085-L Decume FX 11 Filed 06/19/15

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AUSTIN TX 78720-0735

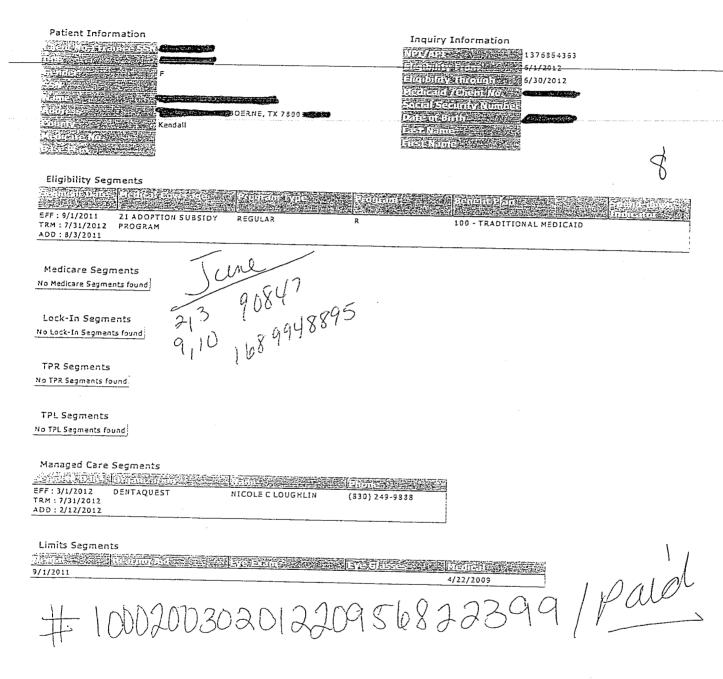
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Case 3:15-cv-02085-L Document 1 Filed 06/19/15 Page 30 of 69 PageID 30///



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HEALTH INSURANCE CLAIM FORM

ASPECNED BY NATIONAL UNIFORM CURIN COMMITTEE 02:35

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CLAIMS
PO BOX
AUSTIN TX 78720-0735

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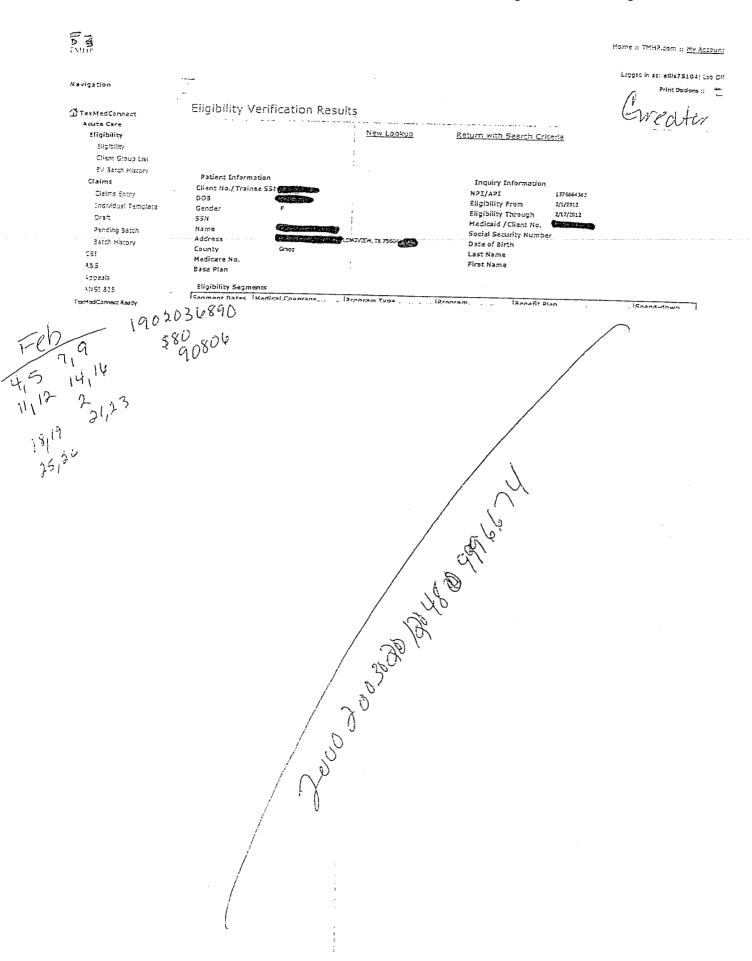
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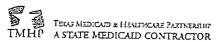
HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 62:05

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17 MAME OF REFERRING PROVIDER OR OTHER SOURCE 173.		18 HOSPITALIZATION DATES RELATE	TO CURRENT SERVICES	1
	NPI -	FROM	70 CO MM TO	
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Case 3:15-cv-02085-L Document 1 Filed 06/19/15 Page 33 of 69 PageID 238 e 1 of 1





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Inquiry Information 1519203361 1519203351

Engining From: 3/1/2012

Engining Station: 3/9/2012

Kerusaid (Streng)(o) 3 Social Security Number Date of Bridge Control **高的流产企业**

Eligibility Segments 12/15

EFF: 12/1/2011 44 MEDICAID EXPANSION REGULAR 100 - TRADITIONAL MEDICALD TRM: 3/31/2012 FOR CHILDREN (FEDER ADD: 11/9/2011

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Medicare Segments No Medicare Segments found

Lock-In Segments No Lock-In Segments found

TPR Segments No TPR Segments found

TPL Segments No TPL Segments found

Managed Care Segments

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Limits Segments

2/9/2009 2/9/2009 11/5/2002 #10002003020121533981173

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Case 3:15-cv-02085-L

HEALTH INSURANCE CLAIM FORM

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APPROVED OM8-0938-0999 FIRM CMS-1509 CD

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HEALTH INSURANCE CLAIM FORM	CLAIMS PO BOX
UPPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 05:05	PO BOX AUSTIN TX 78720-0735
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Case 3:15-cv-02085-L Document 1 Filed 06/19/15

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Partex & ME 600 A PAR PILA 26 HCARE
CLAIMS
PO BOX
AUSTIN TX 78720-0735

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1500 Case 3:15-cv-02085-L Document 1 Filed 06/19/15 HEALTH INSURANCE CLAIM FORM

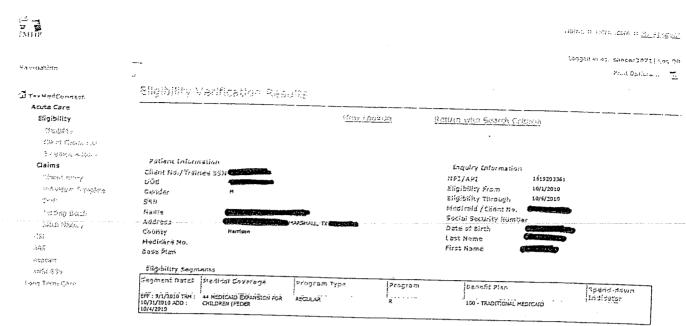
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

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Page 38 of 69 PageID 38ge 1 of 1 Case 3:15-cv-02085-L Document 1 Filed 06/19/15



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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLARY COMMITTEE 02:05

Case 3:15-cv-02085-L Decument 1 Filed 06 19/15
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06 05 2012 CEDAR HILL TX 75104	CEDAR HILL TX 75104
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NUCC Instruction Manual available at: www.nucc.org	21001700

1500 Case 3:15-cv-02085-L Document 1 Filed 06/19/15

TEXAS MEDICAID & HEAT HOARE CLAMS
PO BOX
AUSTIN TX 78720-0735

HEALTH INSURANCE CLAIM FORM	PO BOX
APPROVEDBY NATIONAL UNFORM CLAIM COMMITTEE 02:05	AUSTIN TX 78720-0735
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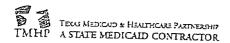
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HEALTH INSURANCE CLAIM FORM

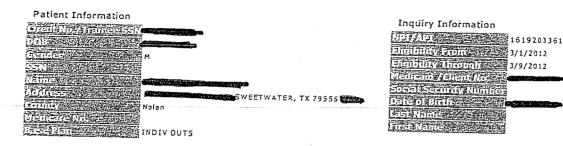
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Medicare Segments
No Medicare Segments found

Eligibility Segments

Lock-In Segments
No Lock-In Segments found

TPR Segments
No TPR Segments found

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Managed Care Segments

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Limits Segments

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL BY FORM CLAIM COMMITTEE 08:05 PICA

Case 3:15-cv-02085-L Documer**EXHIBIT**d 06/**1**9/15

Page 43 of 69 PageID 43 TEXAS MEDICAID & HEALTHCARE **CLAIMS** PO BOX AUSTIN TX 78720-0735

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HEALTH INSURANCE CLAIM FORM

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PO BOX
AUSTIN TX 78720-0735

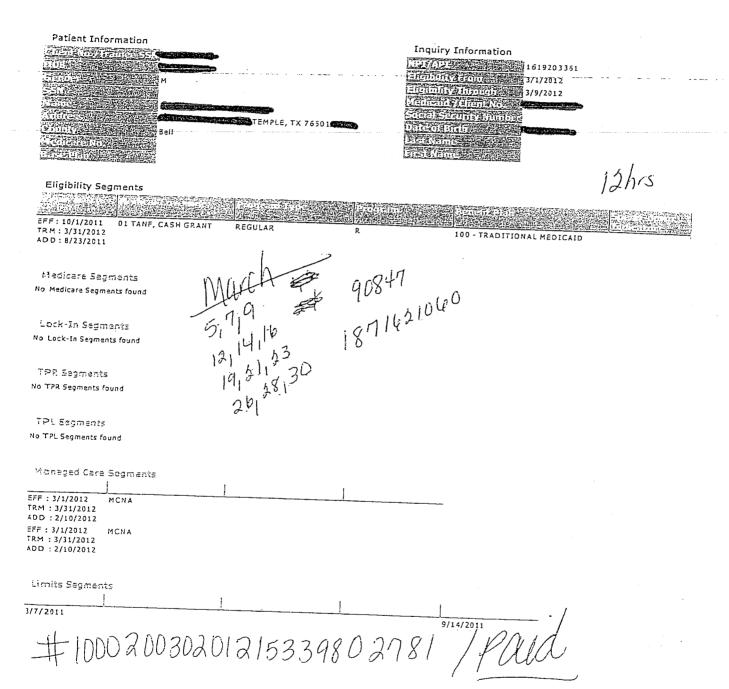
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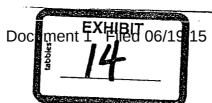
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HEALTH INSURANCE CLAIM FORM

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Page X46 OF ENCARD HEALTHCARE CLAIMS PO BOX AUSTIN TX 78720-0735

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Page 47 soli 69 ICA BOS HEALTHCARE **CLAIMS** HEALTH INSURANCE CLAIM FORM CARRIER PO BOX APPROVED BY MATIONAL UNIFORM CLAIM COMMITTEE 62:55 AUSTIN TX 78720-0735 MED CARE MERITAIN TRICARE CHAMPUS CHAMPAIA P.C. GROUP HEALTH PL ISSN 61101 FECA BUX LUNC (SSM) OTHER 11 INSURED'S ID NUUBEN (North 2) X (Mest and 2) (500-2012 5514) (For Program in them) METERS DA Redacted PATIENT & NAME CALLY Redacted 3 PATIENTS BIRTH DATE S MANY IN MENUTO FIRM NAME, MOSE Indians Redacted Reducted S PATIENTS ADDRESS (No. Sheet) PATIENT RELATIONSHIP TO INSURED INSURED'S ADDRESS (No., Street) edacted Kedacted 000 S PATIENT STATUS BROWNWOOD S:2974 X STATE **BROWNWOOD** AND INSURED INFORMATION ZIP CODE TELEPHONE (Introde Area Code) TX 76801 ZIP CODE TELEPHONE (PRE VOI) Area Code) Full-Tame X Part-Ten Student X Student o OTHER WSUREO S NAME (LAW NUTS), First Nuts, Middle (1900) 76801 19 IS PATIENT'S CONDITION RELATED TO IT INSURED S FOLICY GROUP OR FECA HUMBER 3 OTHER INSURED SPOUCY OR GROUP NUMBER EMPLOYMENT? (Communicr Previous) S PASURED S DATE OF SIRTH Sex Redacted OTHER INSURED'S DATE OF BIRTH ·· X SEX D AUTO ACCIDENTS 6 EMPLOYER'S NAME OR SCHOOL NAME PLACE (State) YES EMPLOYER'S NAME OR SCHOOL NAME C OTHER ACCIDENTS CIMBURANCE PLAN NAME OF PROGRAM NAME PATIENT YES a insurance plan name or program name 10d RESERVED FOR LOCAL USE d is there another health benefit plant READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
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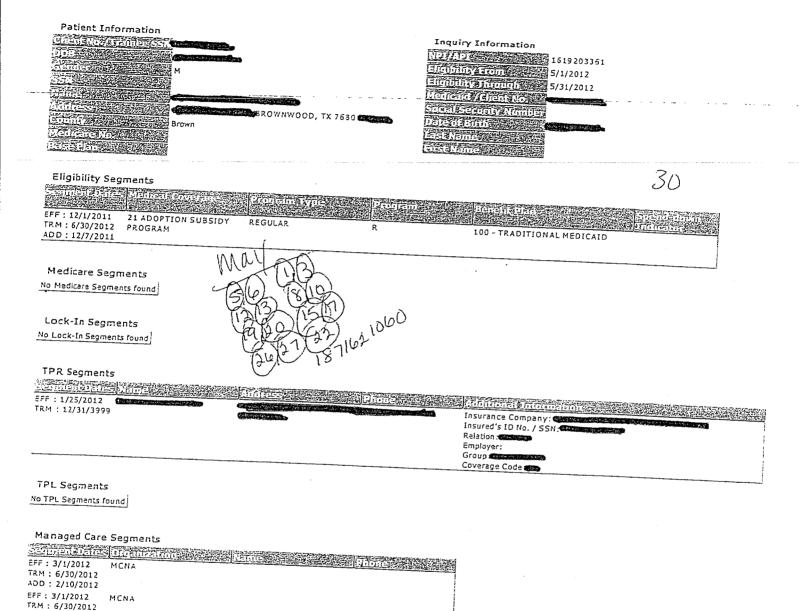
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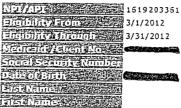
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Eligibility Segments

EFF: 3/1/2012 48 RIBICOFF CHILDREN 100 - TRADITIONAL MEDICALD 91847 213227 213227 24137 24137 TRM: 6/30/2012 UNDER AGE 4 WITH INC ADD: 4/2/2012

Medicare Segments No Madicare Segments found

Lock-In Segments No Lock-In Segments found

TPR Segments No TPR Segments found

TPL Segments No TPL Segments found

Managed Care Segments No Managed Care Segments found

Limits Segments

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HEALTH INSURANCE CLAIM FORM

Case 3:15-cv-02085-L Doc ment Filed 06/1915
SURANCE CLAIM FORM

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CLAIMS
PO BOX
AUSTIN TX 78720-0735

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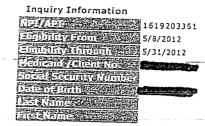


Page 55 of 69 PageID 55 (11) Case 3:15-cv-02085-L Document 1 Filed 06/19/15

TECH MEDICAD & HEALTHCAS PARTNERSHIP A STATE MEDICAID CONTRACTOR

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Eligibility Segments

EFF: 1/1/2011 13 SSI, RECIPIENT REGULAR 100 - TRADITIONAL MEDICAID TRM: 6/30/2012 ADD: 11/20/2010 19/31 90847 29,31 1871021060

Medicare Segments No Medicare Segments found

Lock-In Segments No Lock-In Segments found

TPR Segments No TPR Segments found

TPL Segments No TPL Segments found

Managed Care Segments

EFF: 3/1/2012 DELTA DENTAL TRM: 6/30/2012 ADD: 1/25/2012 EFF: 3/1/2012 DELTA DENTAL TRM: 6/30/2012 ADD: 1/25/2012

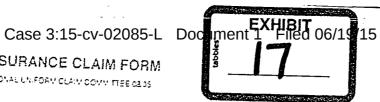
Limits Segments

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02:35 PICA



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HEALTH INSURANCE CLAIM FORM

APPROVED BY MATIONAL UNIFORM CLAIM COMMITTEE 68:05

Page 5750/169 ICA 1608 HEALTHCARE
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AUSTIN TX 78720-0735

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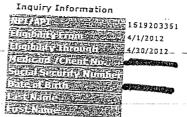
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Eligibility Segments

EFF: 3/1/2012 ADD: 4/5/2012

48 RIBICOFF CHILDREN TRM: 6/30/2012 UNDER AGE 4 WITH INC

100 - TRADITIONAL MEDICALD

Medicare Segments No Medicare Segments found

Lock-In Segments No Lock-In Segments found

TPR Segments No TPR Segments found

TPL Segments No TPL Segments found

Managed Care Segments

No Managed Care Segments found

Limits Segments

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HEALTH INSURANCE CLAIM FORM

Case 3:15-cv-02085-L Document 1 EX 118 06/19/15

Page 60son 69 c Rage ID 60 HEALTHCARE CLAIMS РО ВОХ

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HEALTH INSURANCE CLAIM FORM 4PPROVED BY NATIONAL UNFORM CLAIM COMMITTEE 60.35	PO BOX
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Case 3:15-cv-02085-L Document 1 Filed 06/19/15

Page 61 MEDICARD CHEALTHCARE CLAIMS

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HEALTH INSURANCE CLAIM FORM

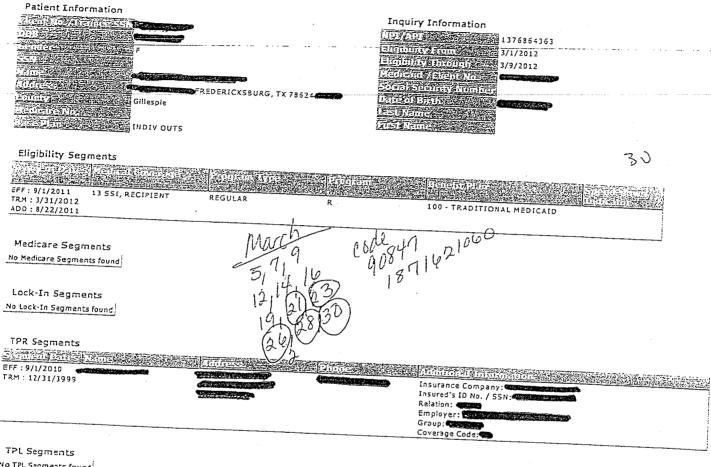
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HEALTH INSURANCE CLAIM FORM

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HEALTH INSURANCE CLAIM FORM

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Case 3:15-cv-02085-L Document 1 Filed 06/19/15 Page 67 of 69 PageID 67

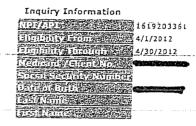


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Eligibility Segments

EFF: 3/1/2012 48 RIBICOFF CHILDREN 100 - TRADITIONAL MEDICALD TRM: 6/30/2012 UNDER AGE 4 WITH INC ADD: 3/30/2012

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3012/8/11/04/060

Medicare Segments No Medicare Segments found

Lock-In Segments No Lock-In Segments found

TPR Segments No TPR Segments found

TPL Segments No TPL Segments found

Managed Care Segments

No Managed Care Segments found

Limits Segments

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The JS 44 civil coversheet and the information contained nereln neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

the civil docket sheet. (SEE II	NSTRUCTIONS ON NEXT PAG	SE OF THIS FORM.)	•	•	,
I. (a) PLAINTIFFS		DECEN	DEFENDANT	S	
PARTIES UNDER SEAL RECEIVED PARTIES UNDER SEAL RECEIVED PARTIES UNDER SEAL					
		LERK U.S. DISTRICT	NOTE:	e of First Listed Defendant (IN U.S. PLAINTIFF CASES IN LAND CONDEMNATION THE TRACT OF LAND INVOI	ELLIS ONLY) CASES, USE THE LOCATION OF LVED.
(c) Attorneys (Firm Name,	Address, and Telephone Number	er)	Attorneys (If Known,)	
WITT, McGREGOR & Bo Waco, TX 76712					
II. BASIS OF JURISD	ICTION (Place an "X"	in One Box Only)	III. CITIZENSHIP OF I	PRINCIPAL PARTIES	(Place an "X" in One Box for Plaintiff)
☐ U.S. Government Plaintiff	☐ 3 Federal Question (U.S. Government		(For Diversity Cases Only) P	TF DEF I I Incorporated or Pr of Business In Thi	and One Box for Defendant) PTF DEF rincipal Place
☐ 2 U.S. Government Defendant	☐ 4 Diversity (Indicate Citizensh	tip of Parties in Item III)	Citizen of Another State	1 2	
			Citizen or Subject of a C Foreign Country	1 3	□ 6 □ 6
IV. NATURE OF SUIT					
□ 110 Insurance □ 120 Marine □ 130 Miller Act □ 140 Negotiable Instrument □ 150 Recovery of Overpayment ← Enforcement of Judgment □ 151 Medicare Act □ 152 Recovery of Defaulted Student Loans (Excl. Veterans) □ 153 Recovery of Overpayment of Veteran's Benefits □ 160 Stockholders' Suits □ 190 Other Contract □ 195 Contract Product Liability □ 196 Franchise □ 210 Land Condemnation □ 220 Foreclosure □ 230 Rent Lease & Ejectment □ 240 Torts to Land □ 245 Tort Product Liability □ 290 All Other Real Property	PERSONAL INJURY ☐ 310 Airplane ☐ 315 Airplane Product Liability ☐ 320 Assault, Libel &	PERSONAL INJURY 365 Personal Injury - Product Liability Personal Injury - Product Liability Personal Injury Product Liability Personal Injury Product Liability PERSONAL PROPERT 370 Other Fraud 371 Truth in Lending 380 Other Personal Property Damage Product Liability PERSONAL PROPERT 510 Motions to Vacate Sentence Habeas Corpus: 530 General 535 Death Penalty 540 Mandamus & Othe: 550 Civil Rights 555 Prison Condition	of Property 21 USC 881 690 Other LABOR 710 Fair Labor Standards Act 720 Labor/Mgmt. Relations 740 Railway Labor Act 751 Family and Medical Leave Act 790 Other Labor Litigation 791 Empl. Ret. Inc. Security Act IMMIGRATION 462 Naturalization Application 7 463 Habeas Corpus	422 Appeal 28 USC 158 423 Withdrawal 28 USC 157 PROPERTY RIGHTS 820 Copyrights 830 Patent 840 Trademark SOCIAL SECURITY 861 HIA (1395ff) 862 Black Lung (923) 863 DIWC/DIWW (405(g)) 864 SSID Title XVI 865 RSI (405(g)) 870 Taxes (U.S. Plaintiff or Defendant) 871 IRS—Third Party 26 USC 7609	M 375 False Claims Act □ 400 State Reapportionment □ 410 Antitrust □ 430 Banks and Banking □ 450 Commerce □ 460 Deportation □ 470 Racketeer Influenced and Corrupt Organizations □ 480 Consumer Credit □ 490 Cable/Sat TV □ 850 Securities/Commodities/ Exchange □ 890 Other Statutory Actions □ 891 Agricultural Acts □ 893 Environmental Matters □ 895 Freedom of Information Act □ 896 Arbitration □ 899 Administrative Procedure Act/Review or Appeal of Agency Decision □ 950 Constitutionality of State Statutes
	Other 448 Education	555 Prison Condition 560 Civil Detainee - Conditions of Confinement	Alien Detainee (Prisoner Petition) 465 Other Immigration Actions		
V. ORIGIN (Place an "X" in One Box Only) I Original Proceeding 2 Removed from State Court Appellate Court Appellate Court Appellate Court Appellate Court Reopened Transferred from another district (specify) Litigation					
VI. CAUSE OF ACTION Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): 31 U.S. Code Section 3730(b) Brief description of cause: An original source of information brings suit against a medical provider under the False Claims Act.					
VII. REQUESTED IN COMPLAINT:	CHECK IF THIS UNDER F.R.C.P.	IS A CLASS ACTION	DEMANDS 3 Million Dollar	CHECK YES only i	if demanded in complaint:
	VIII. RELATED CASE(S) PENDING OR CLOSED: (See instructions): JUDGE Jane J. Boyle DOCKET NUMBER 3:15-CR-66-B(01)				
DATE SIGNATURE OF ATTORNEY OF RECORD					
06/16/2015 Mailant Min					
	IOUNT	APPLYING IFP	JUDGE	MAG. JUD	GE

